



Operations

CRITICAL INCIDENT STRESS MANAGEMENT

This regulation prescribes concepts, policies, and standards that govern all Civil Air Patrol (CAP) personnel in the training, qualification and implementation of Critical Incident Stress Teams (CIST). Practices, procedures and standards prescribed in this regulation are mandatory and may not be supplemented or changed locally without the prior approval of NHQ CAP/DO. Forward all suggestions for modification and improvement of the program through channels to NHQ CAP/DO.

1. General. Critical Incident Stress Management (CISM) may be defined as a group discussion about a traumatic event, or series of traumatic events. CISM is solidly based in crisis intervention theory and educational intervention theory. The process is designed to mitigate the psychological impact of a traumatic event, e.g., plane crash, natural disaster, serious incident or accident. It serves as an early identification mechanism for individuals who may require professional mental health follow-up subsequent to a traumatic event. No one in emergency services is immune to critical incident stress, regardless of past experiences or years of service. CISM takes care of CAP members (only) who experience a potentially traumatizing event serving at a mission site or other CAP emergency services activity.

a. Region commanders will implement this regulation. They may delegate this responsibility to a CIST manager.

b. CAP encourages its personnel to be trained in CISM. This training is for emergency services personnel, chaplains and others who would be willing to serve on a Critical Incident Stress Team (CIST).

c. The use of equally qualified, local, non-CAP teams to respond to incident stress-affected CAP members are highly encouraged. CISM training is specialized and the number of instances of use is not anticipated to be large. The use of local, non-CAP teams will somewhat limit the need to dispatch a trained CAP CIST. Each active duty Air Force base is required to have a CIST, which, with prior coordination, may be able to support CAP.

d. Local, non-CAP assets may mitigate the CAP training requirement, but not eliminate it; therefore, CAP will initiate this program with a regional perspective. Within each region, local, non-CAP assets should be identified and a commitment obtained for their possible use.

e. Each wing will assess the need for a CIST. There will not necessarily be a call for a CIST to be developed in each wing. Wings that historically have low mission exposure may elect to utilize local, non-CAP, or other regional CAP assets.

2. CIST Membership and Formation.

a. As there may not be a local team available, each CAP region must have its own CIST to support its personnel. Effective 31 March 2002, each region will have in place at least one CIST with each of the following roles filled with at least three individuals in each role to allow for reasonable availability.

1) Mental Health Professional: A psychiatrist, psychologist, social worker, mental health nurse, or 7-level mental health technician. The team chief will be a mental health professional.

2) Medical: A physician, senior medical technician with trauma experience or intensive care experience, or nurse with trauma or intensive care experience. Note: The need for the physician or other medical personnel with trauma and intensive care experience is not for the purpose of rendering medical care.

3) Pastoral Support: An emergency services qualified mission chaplain.

4) Peer Representative: A non-caregiver advocate for involved individuals who will bring to the team expertise in CAP benefits and personnel issues.

5) Family Support: A representative to assist with the family.

b. Each region will forward a current contact list for each CIST to NHQ CAP/DOS not later than 15 January each year (the contact list should be reviewed at least quarterly).

c. Each region will notify members in writing as they are assigned or removed from a CIST with courtesy copies to NHQ CAP/DOS.

d. NHQ CAP/DOS will forward documentation and contact information for interested personnel to region commanders or their designee for assignment to a CIST.

e. Each region will track the currency of their CIST chiefs and members and notify NHQ CAP/DOS if personnel are no longer current so that members can be removed from the active files.

3. Training. Specific training is required to be a member or team chief for a CAP CIST.

a. Minimum Training Requirements. The following outlines the minimum requirements for CIST personnel:

1) **CIST Chiefs.** CAP CIST chiefs will be trained to the advanced level standards of the International Critical Incident Stress Foundation, Inc., at a minimum. The fundamental course is Advanced Critical Incident Stress Management. The CIST chiefs will be mental health professionals having at least a masters degree in psychology, social work, psychiatric nursing or mental health counseling. They must be specially trained in crisis intervention, stress, post-traumatic stress disorder and the critical incident stress debriefing process.

2) **CIST Members.** CAP CIST members will be trained to the basic level standards of the International Critical Incident Stress Foundation, Inc., at a minimum. The fundamental course is Basic Critical Incident Stress Management. Additional training in peer support and crisis intervention is highly recommended for all CIST members.

b. Course Scheduling. Courses are available through the International Critical Incident Stress Foundation, Inc., 10176 Baltimore National Pike, Unit 201, Ellicott City, MD 21042. The phone number is 410-750-9600. The Website is <http://www.icisf.org/>. A list of locations and dates for the Basic Critical Incident Stress Management course is available at their Website. Arrangements for dedicated courses may be made by contacting the International Critical Incident Stress Foundation.

c. Training Cost. The member is responsible for the cost of attending training. CAP members volunteer to qualify and join the CIS team.

d. Training Documentation. Trained personnel interested in serving on a CIST will forward a copy of their course completion certificate and/or other applicable credentials along with contact information to NHQ CAP/DOS who will maintain a database of qualified members. Copies and contact information may be mailed to NHQ CAP/DOS, 105 South Hansell Street, Maxwell AFB, AL 36112-6332 or faxed to 334-953-4242. NHQ CAP/DOS will forward this documentation and contact information to region commanders or their designee for assignment to a CIST. The minimum contact information required is:

- 1) Full Name
- 2) CAPID
- 3) Grade/Rank
- 4) Daytime Phone Number
- 5) Evening Phone Number
- 6) E-mail (if available)

e. Currency.

- 1) CIST chiefs will maintain currency by maintaining their credentials as a mental health professional and by
 - a) participating in one actual CIS event within the last 5 years or
 - b) attending a CAP sponsored refresher course within the last 5 years.
- 2) CIST members will maintain currency by
 - a) participating as a team member in an actual CIS event within the last 5 years,
 - b) attending a CAP sponsored refresher course within the last 5 years or
 - c) retaking the basic course within a 5-year period of initial qualification.

4. CIST Activation.

a. Support Requests. During, or immediately following each rescue or disaster relief mission, a review of the need for CIS intervention should be made for all personnel participating in the mission whether or not the mission was concluded successfully. If the mission is closed or suspended and a member(s) experience the need for a critical incident stress intervention, or observe the need in other member(s), should express that need directly to the incident commander or wing commander. Incident commanders or unit commanders will pass requests for CIS intervention to the wing commander, as proper CIS support will often require support long after a mission is closed or suspended. The wing commander in consultation with the wing chaplain or other wing staff members who are knowledgeable of the circumstances will coordinate the use of a local CIST (CAP or not) or requests for support by one of the CAP region CISTs. Tact and diplomacy are obviously guiding principles. The emphasis is on helping members while at the same time guarding against frivolous use of the system. CISM and supporting CISTs will normally be used in connection with search and rescue and disaster relief missions though other circumstances may also qualify. It should also be noted that personnel not at the front-line of a mission might require CIS intervention just as much as the ground team dealing with a crash site.

b. Deployment. Upon receiving a request for assistance, the wing commander will request the nearest CAP or local CISM team to fulfill the need. If local CISM resources are not available, then the wing commander will contact NHQ CAP/DOS to arrange for a team. **CAP CISTs will deploy with at least a team chief and one team member.**

c. Costs. When requesting a CIST, it is standard practice for the requesting CAP unit to provide adequate shelter and feeding for team personnel, and thus these expenses will not be reimbursed. This can be accomplished with the use of host families.

1) For search and rescue or disaster relief missions, normal CAPR 173-3 mission costs may be reimbursed to CAP CIST members if HQ CAP-USAF/XO and NHQ CAP/DO are included in the CIST need validation process and coordinate the assignment of an Air Force mission number. Funds to support Air Force assigned CIS missions will come out of actual mission funds, and will not affect training allotments made to wings and regions on an annual basis.

2) Other contingencies outside of normal search and rescue or disaster relief support may be accommodated with the concurrence of HQ CAP-USAF/XO and NHQ CAP/DO with funding addressed on a case-by-case basis.

5. Reporting Requirements. Each wing's use of CISM and CISTs will be reported to NHQ CAP/DOS, funded or not, in order to track the total number of events in the program.

a. Only the fact that an event is taking place with a general description need be reported.

b. Names of individuals being assisted will not be conveyed, though the number of personnel supported should be.

c. After Action Reports (AAR) from CISTs are highly encouraged so that improvements can be made in the system for future deployments.